

FOREIGN TRAVEL REQUEST AND APPROVAL

NAVONR 4650/1 (9-93) (Formerly NAVOCNR 4650/1)

Read "INSTRUCTIONS" on reverse side. If additional space is needed, use space provided on reverse, and number each continued item. Enter "NA" for items not applicable. See Privacy Act Statement on reverse.

TO: Chief of Naval Research (ONR)		FROM	DATE
1. TRAVELER:		6. CONTRACT NUMBER	7. NR NUMBER
2. MAILING ADDRESS		8. CONTRACTOR (Name, address, telephone no.)	
3. HOME ADDRESS			
4. STATUS (CONTRACTOR EMPLOYEE CONSULTANT, ETC.)	5. TRAVELER'S SSN	9. PRINCIPAL INVESTIGATOR AND TELEPHONE NO.	
10. PURPOSE			
<div><input type="checkbox"/> PARTICIPATE IN MEETINGS</div> <div><input type="checkbox"/> FIELD WORK SPECIFIED IN CONTRACT</div> <div><input type="checkbox"/> VISIT RESEARCH CENTERS</div> <div><input type="checkbox"/> OTHER (SPECIFY)</div>			
11. JUSTIFICATION FOR VISIT			

12. FIELD OF INTEREST AND SCOPE OF MATERIAL TO BE COVERED (BE SPECIFIC)

13. ITINERARY		DATE TRAVEL TO BEGIN:	
A. VISIT DATES	B. CITY AND COUNTRY	C. INSTITUTION/GOVT. AGENCY	D. PERSON TO BE CONTACTED (Name and Telephone No.)
14. TRANSPORTATION (GOVT. FACILITIES)		15. ONR FINANCIAL SUPPORT	16. OTHER SUPPORT
<input type="checkbox"/> CAT. Z \$	<input type="checkbox"/> SHIP	A. PER DIEM: _____AYS \$ _____	SOURCE: AMOUNT: \$ _____
<input type="checkbox"/> MAC (SPECIFY PREF. DATES)	<input type="checkbox"/> OTHER (SPECIFY)	B. COMMERCIAL AIR (NOT CAT Z) _____	
1		C. MISCELLANEOUS _____	
2.		D. EXCESS BAGGAGE ALLOWANCE _____	
3		E. TOTAL _____	
17. LOCAL SUPPORT REQUESTED			

18. CITIZENSHIP			
<input type="checkbox"/> IF NATURALIZED GIVE		<input type="checkbox"/> REGISTERED	<input type="checkbox"/> OTHER (specify)
<input type="checkbox"/> USA CERT NO. _____		REGISTRATION NO _____	
ISSUED _____ (PLACE) _____ (DATE)		ISSUED _____ (PLACE) _____ (DATE)	
19 BIRTH DATE	20 BIRTH PLACE	21. PASSPORT (Number, date, place issued, and expiration date)	

22. SECURITY CLEARANCE DATA	
A. HIGHEST NOW HELD	B. LEVEL REQUIRED FOR THIS TRIP
23. DISCLOSURE FOR CLASSIFIED TRAVEL. (GIVE UNCLASSIFIED STATEMENT OF PROPOSED SUBJECTS TO BE DISCUSSED, WITH WHOM AND WHERE. Append agenda if available.)	

24.COMMENTS	25. COMMENTS
SUBMITTED BY	APPROVED
(TITLE) (DATE)	SCIENTIFIC OFFICER (DATE)
APPROVING OFFICIAL (DATE)	AUTHORIZING OFFICIAL (DATE)

COPIES TO:

SUPPLEMENTAL INFORMATION REQUIRED ON REQUEST FOR A FOREIGN NATIONAL

TRAVELER <i>(Name)</i>	OTHER NAMES PREVIOUSLY OR CURRENTLY USED
NATIONALITY	PREVIOUS OR CURRENT DUAL NATIONALITIES
PERMANENT ADDRESSES AND ANY PREVIOUS U.S. ADDRESS	NAMES AND RESIDENCIES OF ANY RELATIVES IN THE U.S.

TRAVELER'S SPECIAL QUALIFICATIONS RELATING TO PURPOSE OR TRIP *(List membership in professional societies, staff affiliations with universities, etc.)*

PRESENT OR PROSPECTIVE ADDRESS IN U.S.	LENGTH OF TIME INVOLVED
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FOR CLASSIFIED VISITS

DEGREE OF CLEARANCE ISSUED BY INDIVIDUAL'S GOVERNMENT	I CERTIFY THAT VISIT IS FOR THE NATIONAL BENEFIT OF THE UNITED STATES
	<div style="display: flex; justify-content: space-around;"> <div style="border-top: 1px solid black; width: 45%; text-align: center;">(DATE)</div> <div style="border-top: 1px solid black; width: 45%; text-align: center;">(SIGNATURE OF SPONSORING ONR OFFICIAL)</div> </div>

INSTRUCTIONS

1. **USE.** For ONR sponsored travelers (non-employees) to obtain approval to visit foreign countries, U.S. Possessions, and Naval vessels, in the interest of ONR.
2. **ADVANCE NOTICE.** For timely submission to meet requirements for country/area clearances, see the ONR Travel Manual.
3. **ITINERARY.** If visit cannot be accommodated on requested dates, list alternate dates desired, in the space provided below, and itemize.
4. **PASSPORTS.** Applications for passports should be filed with the nearest Clerk of any Federal or State Court who will forward to the Passport Division, Department of State, for processing. Designation as a Navy Technician does not exempt

traveler from passport fees. Make application for passport as soon as possible after approval of travel, as passport processing may require from one to two months.

5. **IMMUNIZATION.** Information on immunization requirements may be obtained from the Relocation Services Office, any ONR representative in the field, military dispensary, or Department of Public Health. The required immunizations may be obtained from any military dispensary upon presentation of approved official orders or authorization. If a dispensary is not located in vicinity, contact a private physician. **IT IS IMPORTANT THAT CURRENT IMMUNIZATION REQUIREMENTS BE MET FOR AREAS WHERE TRAVELER EXPECTS TO VISIT. AN INTERNATIONAL CERTIFICATE OF VACCINATION (PHS 731) MUST BE CARRIED BY THE TRAVELER THROUGHOUT ENTIRE TRIP.**

PRIVACY ACT STATEMENT

This form, Foreign Travel Request and Approval (NAVONR 4650/1), is authorized by OPNAVINST 4650.11F and the Joint Travel Regulations. The personal information entered on this form is necessary to issue TRs for the traveler and obtain area/country clearance as necessary prior to travel. The name of the individual, social security number, citizenship and alien registration number, if any, home address and mailing address are used by the Office of Naval Research (ONR) to procure necessary travel, notify countries of foreign visitors, and to procure security clearances through DISCO as necessary. Disclosure of information of this form is mandatory. If the requested information is not provided, the request for foreign travel will be denied.